Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Gordon Wakefield a prisoner at HMP Wymott on 19 April 2017

A report by the Prisons and Probation Ombudsman

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Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*
Respectful: *we are considerate and courteous*
Inclusive: *we value diversity*
Dedicated: *we are determined and focused*
Fair: *we are honest and act with integrity*

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The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Gordon Wakefield died on 19 April 2017 of a severe infection of his urinary tract while a prisoner at HMP Wymott. He was 78 years old. I offer my condolences to Mr Wakefield's family and friends.

Overall, we consider the care Mr Wakefield received at Wymott to have been equivalent to that which he could have expected to receive in the community. However, we are concerned that there were delays in him receiving medication.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

Elizabeth Moody
Acting Prisons and Probation Ombudsman **November 2017**

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Summary

Events

1. On 17 September 2012, Mr Gordon Wakefield was sentenced to 11 years imprisonment for historic sex offences. He was transferred to HMP Wymott on 27 January 2014.

2. Mr Wakefield's initial health screen revealed a history of Parkinson's disease and of non-Hodgkin's lymphoma (a cancer affecting the circulatory and immune system), for which he had been treated with chemotherapy two years earlier.

3. In 2014, Mr Wakefield was diagnosed with mantle cell lymphoma (a rare type of non-Hodgkin's lymphoma). He underwent a course of chemotherapy, which finished early in 2015 with the disease under control. In June 2016, the mantle cell lymphoma returned, but it was decided that this did not require immediate treatment and should be monitored.

4. During the summer of 2016, Mr Wakefield had a series of tests to see whether a mass in his lungs was cancerous, but a biopsy was not possible due to his poor health. On 24 October, the consultant at the hospital stated that it was likely Mr Wakefield had lung cancer, but that he could not tolerate surgery. The consultant added that Mr Wakefield was also not fit enough to undergo chemotherapy to treat his lymphoma.

5. In February 2017, a CT scan revealed that there was a significant progression of Mr Wakefield's lung lesion. Mr Wakefield also had a growth on his neck due to his lymphoma, which was causing discomfort. A hospital specialist advised that Mr Wakefield was too ill for chemotherapy, but offered radiotherapy to relieve the pain from this growth.

6. On 20 March, Mr Wakefield was temporarily transferred to HMP Preston to undergo radiotherapy because Preston had 24-hour healthcare facilities. Mr Wakefield's course of radiotherapy ended on 31 March, but he was never returned to Wymott.

7. On 18 April, a nurse at Preston saw Mr Wakefield in his cell. She suspected a urinary tract infection, so took a sample for testing. Later that morning, the same nurse reviewed Mr Wakefield and suspected sepsis. She sent him straight to hospital.

8. On 19 April, Mr Wakefield died in hospital at 12.25pm. No post mortem was performed. The consultant overseeing Mr Wakefield's treatment recorded that his death was caused by urosepsis (a severe infection of the urinary tract) with lymphoma and Parkinson's disease as contributory factors.

Findings

Clinical care

9. The clinical reviewer concluded that overall, Mr Wakefield received an equivalent level of care at HMP Wymott to that which he could have expected to receive in the community. Mr Wakefield was referred in a timely manner for his long term

conditions and his clinical care at Wymott was of a high standard. We also share the clinical reviewer's view that Mr Wakefield was appropriately transferred to HMP Preston when it was necessary for him to receive more extensive care.

10. However, we are concerned that Mr Wakefield experienced delays in receiving his medication on a number of occasions, and agree with the clinical reviewer that this could have impacted on his health.

Compassionate release

11. Mr Wakefield's application for compassionate release was rejected three times by the Governor at Wymott, initially due to the lack of a clear prognosis, and subsequently because of the lack of a suitable address for him to be released to.

12. We consider that the prison considered Mr Wakefield's compassionate release applications appropriately, and clearly explained its reasons for rejecting them. Mr Wakefield had every opportunity to propose an alternative address when it became apparent that his family home was unlikely to be suitable.

Mr Wakefield's family involvement

13. Mr Wakefield's wife had good communication with healthcare staff at Wymott during Mr Wakefield's time there. She was regularly updated about his condition, and was able to express her concerns directly to the prison. She also attended a number of face to face meetings at Wymott.

14. It was regrettable but unavoidable that Mr Wakefield's wife was not informed in person of his death. Mr Wakefield's wife has since expressed her gratitude for the support she has received from Wymott since her husband's death. We consider that the prison acted appropriately in their dealings with Mr Wakefield's family.

Restraints, security and escorts

15. We consider that Wymott acted appropriately in not restraining Mr Wakefield when he went to hospital during his last three months in prison.

Recommendations

- The Head of Healthcare at HMP Wymott should ensure that there are effective processes to ensure that prisoners receive their medication as prescribed and that failure to do so is followed up with the reasons recorded.

The Investigation Process

16. The investigator issued notices to staff and prisoners at HMP Wymott informing them of the investigation and asking anyone with relevant information to contact him. No one responded.

17. The investigator obtained copies of relevant extracts from Mr Wakefield's prison and medical records.

18. NHS England commissioned a clinical reviewer to review Mr Wakefield's clinical care at the prison.

19. We informed HM Coroner for Lancashire of the investigation. The coroner confirmed the cause of death and we have sent him a copy of this report.

20. One of the Ombudsman's family liaison officers contacted Mr Wakefield's wife to explain the investigation and to ask whether she had any matters she wanted the investigation to consider. Mr Wakefield's wife asked us to consider the issues Mr Wakefield had in receiving his medication, and explained that she had intervened on a number of occasions. Mr Wakefield's wife also asked us to consider whether, due to his ill health, he should have been in prison at all. Mr Wakefield's wife said she was told about her husband's death on the telephone, but said that this was because she asked whether it was bad news when she was called. Mr Wakefield's wife described the support she had received from the prison following her husband's death as "brilliant".

21. Mr Wakefield's family received a copy of the initial report. They did not raise any further issues, or comment on the factual accuracy of the report.

22. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HMP Wymott

23. HMP Wymott is a medium secure prison holding over 1,100 adult men. Lancashire Care NHS Foundation Trust provides healthcare services at the prison. A private company provides GP services and out of hours medical cover. There are no inpatient beds, but there is 24-hour nursing cover.

HMP Preston

24. HMP Preston is a medium secure local prison serving the courts in Lancashire and Cumbria. It holds up to 750 adult male prisoners.

25. Lancashire Care NHS Foundation Trust provides primary healthcare services 24 hours a day, seven days a week. GPs provide daytime cover between 8.00am and 9.00pm Monday to Friday and between 3.00pm to 5.30pm on Saturdays. Outside of these hours a Registered General Nurse is on duty. An out of hours service is provided by GTD Healthcare.

26. Preston is a regional healthcare facility taking patients from other prisons. The facility has a ten-bed physical care inpatient unit provided in two three-bed dormitories and four single cells. Palliative care is provided within that setting.

HM Inspectorate of Prisons

27. The most recent inspection of HMP Wymott was conducted in October 2016. Inspectors reported that Wymott remained a reasonably safe prison. Staff-prisoner relationships were generally respectful but healthcare provision was weak and in some areas potentially unsafe. They felt that the care of prisoners with chronic conditions was not good enough.

28. The most recent inspection of HMP Preston was conducted in March 2017. Inspectors reported that healthcare provision had deteriorated since their last report in 2014, but the standard of care on the inpatient unit was generally good. They observed that the 24-hour health service was short staffed, which affected service delivery.

Independent Monitoring Board

29. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report on Wymott, for the year to May 2016, the IMB reported that although there had been some improvement in health services since 2015, there were still serious problems with providing medication. This was exacerbated by staff shortages, although the report noted that staffing levels had also improved.

30. In its latest annual report for the year to March 2016, the IMB reported that the primary care team at Preston provided a wide range of services and care. They said there had been a struggle to maintain an effective healthcare service as healthcare staff comprised less than 50% of the complement of the mental health team and just over 50% of the general healthcare team.

Previous deaths at HMP Wymott and HMP Preston

31. Mr Wakefield was the tenth prisoner to die of natural causes from Wymott and third prisoner to die of natural causes at Preston since January 2016. There were no similarities between Mr Wakefield's death and any of these earlier deaths.

Compassionate release

32. Release on compassionate grounds is a means by which prisoners who are seriously ill, usually with a life expectancy of less than three months, can be permanently released from custody before their sentence has expired. A clear medical opinion of life expectancy is required. The criteria for early release for determinate sentenced prisoners are set out in Prison Service Order (PSO) 6000, *Parole Release and Recall.* The criteria include: a minimal risk of re-offending, the view that further imprisonment would reduce life expectancy, adequate arrangements for the prisoner's care and treatment outside prison, and that release would benefit the prisoner and his family. An application for early release on compassionate grounds must be submitted to the Public Protection Casework Section (PPCS) of the Her Majesty's Prisons and Probation Service (HMPPS).

Key Events

33. On 17 September 2012, Mr Gordon Wakefield was sentenced to 11 years imprisonment for historic sex offences. He was initially sent to HMP Manchester, but was transferred to HMP Wymott on 27 January 2014.

34. A nurse reviewed Mr Wakefield at a reception health screen on his admission to Wymott. She noted that Mr Wakefield suffered from Parkinson's disease, and had a history of non-Hodgkin's lymphoma (a cancer affecting the circulatory and immune system), for which he had been treated with chemotherapy two years earlier. The following day, a prison GP reviewed Mr Wakefield, and planned routine blood tests and to chase up his referrals with neurology, urology and haematology.

35. On 24 April 2014, consultant haematologist reviewed Mr Wakefield and diagnosed him with mantle cell lymphoma (a rare type of non-Hodgkin's lymphoma). Mr Wakefield started a course of chemotherapy in September, which finished in January 2015, with the disease under control.

36. Mr Wakefield's health remained stable until 2 March 2016, when he was treated in hospital for clostridium difficile (a bacterium that infects the bowel). He was placed on the Wymott palliative care register while in hospital, and discharged back to Wymott on 11 March. On his return, Mr Wakefield remained on the palliative care register, and his care was managed by regular multi-disciplinary team meetings (MDT), with a hospice providing advice and support.

37. On 25 April, the consultant haematologist reviewed Mr Wakefield following reports of a swelling of the lymph nodes in his lower jaw. He suspected a relapse of Mr Wakefield's lymphoma and referred him for further investigations and a CT scan. On 9 June, a prison GP informed Mr Wakefield that his mantle cell lymphoma had returned, and that the CT scan also showed a mass in his left lung, which was believed to be malignant. An MDT held at the hospital on 19 July concluded that Mr Wakefield should be referred to a chest physician to determine the extent of his lung mass and treatment options; his mantel cell lymphoma did not require immediate treatment but needed to be monitored.

38. On 24 August, Mr Wakefield attended the Urology Clinic for a review, following ongoing issues with urinary incontinence. He was prescribed regurin (used to treat urinary incontinence) with a review planned for two months later.

39. On 31 August, consultant respiratory physician reviewed Mr Wakefield and referred him for a PET scan. (A Positron Emission Tomography scan produces detailed three-dimensional images of the inside of the body.) The PET scan was performed on 9 September, and at an MDT on 12 September, it was decided that Mr Wakefield required a CT-guided lung biopsy. (This is a procedure where lung tissue samples are taken for analysis.) Mr Wakefield attended for this procedure on 30 September but it was abandoned because his blood pressure was too high.

40. On 24 October, a consultant oncologist reviewed Mr Wakefield and informed him that it was likely he had primary lung cancer, despite the biopsy not having been performed. He explained that an operation was the best treatment for this, but

that Mr Wakefield would not tolerate surgery at that time, nor was he fit enough for chemotherapy. He added that Mr Wakefield might remain asymptomatic for some time.

41. On 26 October, Mr Wakefield was reviewed at the Urology Clinic. A consultant observed that his urinary tract symptoms had worsened and that he was getting side effects from his regurin medication. He wrote to Wymott and advised them to change Mr Wakefield's medication and to refer him back in four months if his symptoms had not improved. The regurin was replaced with mirabegron the same day.

42. On 1 September, a nurse from a hospice spoke to Mr Wakefield's wife on the telephone, and invited her to call at any time if she had any questions or concerns. On 21 September, Mr Wakefield's wife spoke to the nurse about her concern that Mr Wakefield had missed his medication. The nurse spoke to Wymott, who explained this was due to a healthcare appointment, and that he would get the rest of his medication later that day.

43. An MDT was held at Wymott on 10 November, to discuss Mr Wakefield's diagnosis and treatment plan. A nurse observed that Mr Wakefield was aware that he had a prognosis of three to six months, but added that this was not documented anywhere. A Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order (which means that in the event of cardiac or respiratory arrest no attempt at resuscitation will be made) was raised at this meeting, but Mr Wakefield said that he wanted time to discuss this with his wife.

44. On 28 November, a prison GP saw Mr Wakefield after he complained of urinary problems. He discussed the Urology Clinic letter with Mr Wakefield, who said he wanted to resume his regurin medication. Mr Wakefield received regurin three days later after requesting it. On 19 December, the GP saw Mr Wakefield due to his increased urinary frequency. He recalled the advice from the urologist about stopping regurin, and noted that Mr Wakefield had not tolerated it. Two days later he prescribed mirabegron, which Mr Wakefield continued to take until his death.

45. On 5 December, the urological consultant saw Mr Wakefield and arranged for a CT scan for January 2017. He reviewed Mr Wakefield on 27 February, and observed that there was significant progression of his lung lesion, and that the growth in his neck was causing discomfort. He advised that Mr Wakefield was not well enough to tolerate chemotherapy, but suggested radiotherapy to his neck to provide palliative relief from the symptoms. He added that if this was successful, they could proceed to radiotherapy on his lung.

46. Towards the end of December, Mr Wakefield experienced episodes of dizziness and had a number of falls. A nurse completed a falls risk assessment on 31 December, and referred him to the GP. On 3 January 2017, a prison GP reviewed Mr Wakefield, where he diagnosed an infection in his lower respiratory tract and prescribed a course of antibiotics.

47. On 22 December, Mr Wakefield's wife called the nurse, because he had not received his medication. The nurse tried to contact healthcare staff several times but was unable to do so. On 31 December, she called Mr Wakefield's wife, who

told her that he had still not received his medication, and also that he had fallen four times recently. The nurse spoke to healthcare staff on 3 January 2017, and held a review meeting with them on 13 January. She informed Mr Wakefield's wife of the outcome of this meeting on 16 January.

48. At an MDT held on 13 January, the nurse stated that Mr Wakefield had expressed his wish to have a DNACPR in place. Another nurse agreed to speak to a prison GP about completing the paperwork, and noted the next day that the GP had signed the DNACPR form. On 24 January, the GP noted that the DNACPR form was in place, and would be reviewed in three months.

49. On 20 January, Mr Wakefield complained of central chest pain and was sent to hospital. He was treated for low potassium and discharged the same day.

50. On 26 January, Mr Wakefield's wife called a nurse because Mr Wakefield told her he had not been getting his medication. The same day, another nurse recorded on Mr Wakefield's medical records that he had missed some medication. On 7 February, Mrs Wakefield's wife informed a nurse that he had now received all of his medication.

51. On 23 February, a nurse visited Mr Wakefield and observed that he had deteriorated since her last visit, and now looked weak and frail. Mr Wakefield said he had fallen a couple of times when his legs gave way but reported no urinary or bowel problems.

52. On 9 March, an MDT was held to discuss the outcome of Mr Wakefield's recent oncology consultation, where it was noted that his life expectancy was only a few months. It was proposed that if Mr Wakefield underwent radiotherapy, he would be better cared for at HMP Preston due to their 24 hours healthcare facilities. On 20 March, Mr Wakefield was transferred to Preston. He started radiotherapy a few days later, and finished his treatment on 31 March but remained in the healthcare unit at Preston.

53. In the early hours of 18 April, a nurse saw Mr Wakefield in his cell and observed that he was shaking. She recorded that his catheter bag was full, and his urine was dark in colour and had an offensive smell when she emptied it. She suspected a urinary tract infection, and took a sample for testing. Later that morning, another nurse reviewed Mr Wakefield and suspected sepsis. Mr Wakefield was sent straight to hospital.

54. Mr Wakefield died in hospital at 12.25pm on 19 April.

Mr Wakefield's compassionate release application

55. Mr Wakefield applied for compassionate release in the summer of 2016, after a CT scan indicated a potentially cancerous mass in his lung. No release address was listed in this application, and a probation officer noted that any proposed address would need to be assessed for its suitability due to Mr Wakefield's index offence. On 9 September, the Governor rejected this application on the basis of there being no clear prognosis of Mr Wakefield's condition.

56. Mr Wakefield renewed his application in November. A consultant noted that his prognosis was poor. A probation officer expressed her concern about the

suitability of Mr Wakefield's home address, and said it would need to be assessed for child safeguarding before this resettlement plan could be approved. On 7 December, the acting Governor rejected Mr Wakefield's application "due to concerns regarding child safeguarding at the proposed release address".

57. In March 2017, Mr Wakefield applied for compassionate release again after the urological consultant stated that he had a life expectancy of only a few months. A manager reviewed this application, and noted the concerns of the police about the suitability of Mr Wakefield's home address. The police indicated that they would consider an alternative address, but could not support a release to his home address. She confirmed that she could not support a compassionate release application without a suitable alternative address. A governor agreed with this evaluation, and rejected Mr Wakefield's application on 18 April, proposing a review three months later or sooner if a suitable alternative address was found.

Mr Wakefield's family involvement

58. Mr Wakefield's next of kin was his wife, who was actively involved in his care throughout his time in Wymott. On 10 June 2016, a prison GP spoke to her on the telephone about the potentially cancerous lesion in Mr Wakefield's lung, and offered support and updates if needed. In September, the nurse from the hospice invited Mr Wakefield's wife to call her at any time if she had any questions or concerns; they remained in regular contact from this time.

59. On 24 October, the hospice nurse spoke to Mr Wakefield's wife, following his diagnosis of lung cancer. Mr Wakefield's wife was upset and concerned, so the nurse involved her in the MDT at Wymott on 10 November. Mr Wakefield's wife also attended the MDT held on 9 March 2017.

60. On 18 April, a chaplain was appointed as the family liaison officer, following Mr Wakefield's admission to hospital. At 3pm, he called Mr Wakefield's wife to inform her that he was seriously unwell. At 8.50am on 19 April, Mr Wakefield's wife called him to ask about visiting her husband, and he informed her that she could visit whenever she wanted.

61. On 19 April, at 1.30pm, the chaplain and the Governor arrived at Mr Wakefield's wife's home address to inform her of his death, but she was not at home. At 2.40pm, the chaplain called her to ask when she would be home. When asked by Mr Wakefield's wife, he confirmed that he had bad news. Mr Wakefield's wife arrived home shortly afterwards. They offered their support and explained what would happen next.

62. Mr Wakefield's funeral was held on 5 May. Wymott contributed to the funeral costs, in line with national guidance.

Support for prisoners and staff

63. After Mr Wakefield's death, a custodial manager debriefed the staff involved in his bedwatch to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

64. Wymott posted notices informing other prisoners of Mr Wakefield's death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Wakefield's death.

Post-mortem report

65. Mr Wakefield did not have a post-mortem following his death. The consultant overseeing Mr Wakefield's treatment at the hospital recorded that his death was caused by urosepsis (a severe infection of the urinary tract). He added that lymphoma and Parkinson's disease were contributory factors.

Findings

Clinical care

66. The clinical reviewer concluded that, overall, Mr Wakefield received a level of care at HMP Wymott equivalent to that which he could have expected to receive in the community. We agree that he was referred in a timely manner for his long term conditions, and his clinical care at Wymott was of a high standard. We also share the clinical reviewer's view that he was appropriately transferred to HMP Preston when it was necessary for him to receive more extensive care.

67. Ultimately, Mr Wakefield did not die as a direct result of his long term condition, but from urosepsis. There were a number of occasions when Mr Wakefield was seen by the GP for urinary issues, and he was reviewed by a consultant urologist in October 2016. However, Mr Wakefield disclosed no further issues following a GP review in December and expressly reported that he had no urinary problems to the hospice nurse when she enquired in February 2017.

68. We are concerned that Mr Wakefield experienced delays in receiving his medication on several occasions at HMP Wymott, and that his wife had to contact the hospice nurse due to her concerns about this. The clinical reviewer expressed no opinion as to whether this contributed to his death, but felt that it had the potential to have impacted on his health. We agree with the clinical reviewer on this, and make the following recommendation:

    The Head of Healthcare at HMP Wymott should ensure that there are effective processes to ensure that prisoners receive their medication as prescribed and that failure to do so is followed up with the reasons recorded.

Compassionate release

69. Compassionate release was rejected in September 2016, due to there being no clear prognosis at that time. The probation officer also stated that any proposed address had to be assessed as suitable due to Mr Wakefield's index offence. In December, Mr Wakefield's application was rejected again because his family home had not been assessed by Children's Services for its suitability. In April 2017, a further application was rejected because although Mr Wakefield's family home had been assessed, it was regarded as unsuitable.

70. We consider that Wymott considered Mr Wakefield's compassionate release application appropriately, and clearly explained their reasons for rejecting it. Mr Wakefield had the opportunity to propose an alternative address when it became apparent that his family home was unsuitable.

Mr Wakefield's family involvement

71. Mr Wakefield's wife had good communication with healthcare staff at Wymott during Mr Wakefield's time there. She was regularly updated about his condition, and was able to express her concerns to Wymott through her contact with the hospice nurse. She also attended face to face meetings at the prison on occasions.

72. Following Mr Wakefield’s death, the prison family liaison officer went to his wife’s home to inform her in person. Unfortunately, she was not at home and was informed of her husband’s death by phone after she asked if there was bad news. Mr Wakefield’s wife described the support she had had from Wymott since Mr Wakefield’s death as “brilliant”.

73. We consider that Wymott acted appropriately in their dealings with Mr Wakefield’s wife, and make no recommendation.

Restraints, security and escorts

74. When prisoners have to travel outside of the prison, a risk assessment determines the nature and level of security arrangements, including restraints. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity. Any restraints used should be necessary and decisions should be based on the security risk taking into account factors such as the prisoner’s health and mobility.

75. When Mr Wakefield visited hospital on 20 January 2017, a risk assessment deemed that he was a high risk to children due to his index offence, and he was restrained by means of an escort chain (a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer). After his condition deteriorated, Mr Wakefield’s was not restrained again.

76. We consider that Wymott acted appropriately in not restraining Mr Wakefield when he went to hospital during his last three months in prison.

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